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CONFIRMATION NO. 8853

SERIAL NUMBER 10/656,245	FILING DATE 09/08/2003 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. GMMD-1-1002						
APPLICANTS Gary J. Mullen, Pensacola, FL;										
** CONTINUING DATA ***** <div style="display: flex; justify-content: space-between;"> NONE <i>[Signature]</i> </div>										
** FOREIGN APPLICATIONS ***** <div style="display: flex; justify-content: space-between;"> NONE 2/14/06 </div>										
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 12/01/2003										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i> </td> <td style="width: 10%; text-align: center; vertical-align: top;"> STATE OR COUNTRY FL </td> <td style="width: 10%; text-align: center; vertical-align: top;"> SHEETS DRAWING 9 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> TOTAL CLAIMS 17 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 1 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	STATE OR COUNTRY FL	SHEETS DRAWING 9	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 1	
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ADDRESS 25315 BLACK LOWE & GRAHAM, PLLC 701 FIFTH AVENUE SUITE 4800 SEATTLE, WA 98104										
TITLE Apparatus for treating pneumothorax and/or hemothorax										
FILING FEE RECEIVED 800	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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